# AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50134 (Rev. 09/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS• 400 East Broadway, Suite 505• PO Box 1657• Bismarck • ND • 58502-1657**
**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

**PART A CONTRACT HOLDER INFORMATION (Must Be Completed By Member)**

| Contract Holder (Last, First, Mi) | Social Security Number |
|---|---|
| | |

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) from my designated account and for the monthly insurance premiums indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

☐ Checking Account ☐ Savings Account ☐ Health ☐ Life ☐ Dental ☐ Vision

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. The premium amount will be deducted from your account by the fifth working day of each month. Your financial institution may charge an additional fee for this service.

I agree to the terms listed on this authorization.

_____ _____

Signature of Contract Holder as it Appears Above Date

**PART B FINANCIAL INSTITUTION ( Must Be Completed By Institution)**

Name of Financial Institution

| Mailing Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Payee's Account Number | Type of Account |
|---|---|
| | ☐ Checking ☐ Savings |

Routing Number (9 Digits) ☐☐☐☐☐☐☐☐☐

_____ _____

Signature of Financial Institution Representative Date of Signature

| Financial Institution Representative (Please Print) | Title | Telephone Number |
|---|---|---|
| | | |

**PART C NDPERS USE ONLY**

| Group Number | Effective Date: |
|---|---|
| | |

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR**

## INSTRUCTIONS AND CONDITIONS

If you wish to have your monthly insurance premiums deducted from your savings or checking account, you must complete this form to authorize this action and attach a void check for the account from which you want your premium deducted. The North Dakota Public Employees Retirement System will deduct these premiums to the point you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

## THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT

### PART A CONTRACT HOLDER INFORMATION

Print or type the full name and social security number of the Contract Holder. Indicate the type of account from which the premium is to be deducted and the plan(s) the deduction applies to. Sign and date the form.

### PART B FINANCIAL INSTITUTION SECTION

After completing the top portion of this form, the form should be delivered or sent to the designated financial institution. Upon completion, you and the financial institution should retain a photocopy for your records and the original is to be sent to:

North Dakota Public Employees Retirement System
P.O. Box 1657
Bismarck, ND 58502-1657
Telephone: (701) 328-3900

If you have any questions please call the NDPERS office at: (701) 328-3900 or (800) 803-7377

### CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

The form is due back in our office by the 15th of the month prior to the month you want to begin your premium deduction